



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MQB - 175754

PRELIMINARY RECITALS

Pursuant to a petition filed on July 22, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Brown County Human Services regarding Medicare Premium Assistance, a hearing was held on September 14, 2016, by telephone. An August 18, 2016, hearing was rescheduled at petitioner's request.

The issue for determination is whether the respondent correctly determined that petitioner is ineligible for Medicare Premium Assistance due to income exceeding program limits.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

I

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By: Olivia Cherry
Brown County Human Services
Economic Support-2nd Floor
111 N. Jefferson St.
Green Bay, WI 54301

ADMINISTRATIVE LAW JUDGE:
Peter McCombs
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Brown County.

2. In August of 2016, the respondent budgeted \$838.00 per month from social security, and \$862.50 in earned income for the petitioner based on information provided by petitioner, including paystubs.
3. Petitioner is an assistance group, or household, of one.
4. The county agency determined that the petitioner was ineligible for Medicare Premium Assistance because his income exceeds the program's limit.

DISCUSSION

Wisconsin has three related programs that help persons pay their Medicare premiums. SLMB and SLMB+ are medical assistance subprograms mandated by Wis. Stat. § 49.468(1m)(a) that pay their participants' Medicare Part B premiums. *Medical Eligibility Handbook*, § 32.1.1. The Qualified Medicare Beneficiary (QMB) program pays not only the Medicare Part B premium but also some Medicare deductibles and copayments. The income limit is less than 100% of the federal poverty limit for QMB, 100% to 120% for SLMB, and 120% to 135% for SLMB+. Each uses the same rules for determining financial eligibility as Medicaid. *Medicaid Eligibility Handbook*, § 32.1.1. Those eligible for medical assistance cannot receive SLMB+. When determining benefits, \$20 of all income, \$65 plus one-half of the remaining earned income, and any special exempt income listed in *Medicaid Eligibility Handbook*, § 15.7.5, is excluded for each person in the household. *Medicaid Eligibility Handbook*, §§ 32.3.2. and 32.2.3. The agency denied the petitioner's application because his countable income exceeds the limit for QMB.

The petitioner receives \$838.00 per month from social security and earned income of \$862.50. The petitioner qualifies for the earned income exemption, which is 463.75, and the \$20 standard deduction. This reduces his income to \$1,216.75, which exceeds 120% of the federal poverty limit. Because the petitioner's income exceeds the federal poverty level, he is ineligible for the QMB program.

Petitioner may still qualify for SLMB+, and I encourage him to contact his worker to verify his eligibility, and whether he may benefit from this program.

CONCLUSIONS OF LAW

The county agency correctly determined that the petitioner is ineligible for the QMB program because his income exceeds the program's limit.

THEREFORE, it is

ORDERED

The petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and

why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 17th day of October, 2016

\s _____
Peter McCombs
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on October 17, 2016.

Brown County Human Services
Division of Health Care Access and Accountability